

*Ida Airey
Cambridge, Md.*

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

4 23

5 9 24

Md

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

J. A. Fisher

Mother's Maiden Name

Sadie Airey

Primary

Immediate

Tertiary Syphilis

Exhaustion

*E. E. Wolff M.D.**Cambridge, Md.*How long sick
3 mos.

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

18

2



Name
in
Full

Aspin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 21	Years -	Months -	Days 1
Sex Male	Color or Race Colored	Occupation -	Birth-place Cambridge Md		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Frank Aspin				Father's Birthplace W. Va. Md.	
Mother's Name Melinda Aspin				Mother's Birthplace W. Va. Md	
Name of person giving information Ellen Stiles				How related to deceased Midwife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Granitism	How long	1 day
Immediate	as above	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Hugh Still
		Address	Cambridge Md.
Accident or Suicide? X			



David Camper

Died at	Town	County	MARYLAND
Date 1903	Month April	Day 26	Occupation Domestic
	Age 22, 0 19	Native of <u>Ed</u>	
	Male White Married	Widow	Divorced
	Female Colored Single	Widower	Number of children living

Husband of _____

Wife

Father's Name

Thomas Camper

Mother's
Maiden Name

Maria Nichols

Cause of

Primary Acute Pneumonic Phthisis

How long sick
6 weeks

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake, M.D.

Address

Cambridge [Redacted] *Dorchester Co. X*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



martha chose

Town

County

Died at

verde dochester

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

3 April 15^o

Age

20

drownbed at md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
Wife

S chose

Father's
Name

James Wilson

Mother's
Maiden Name

sira Wilson

Cause of

Primary

child birth

How long sick

Death

Immediate

John W Wilson

13

6 days

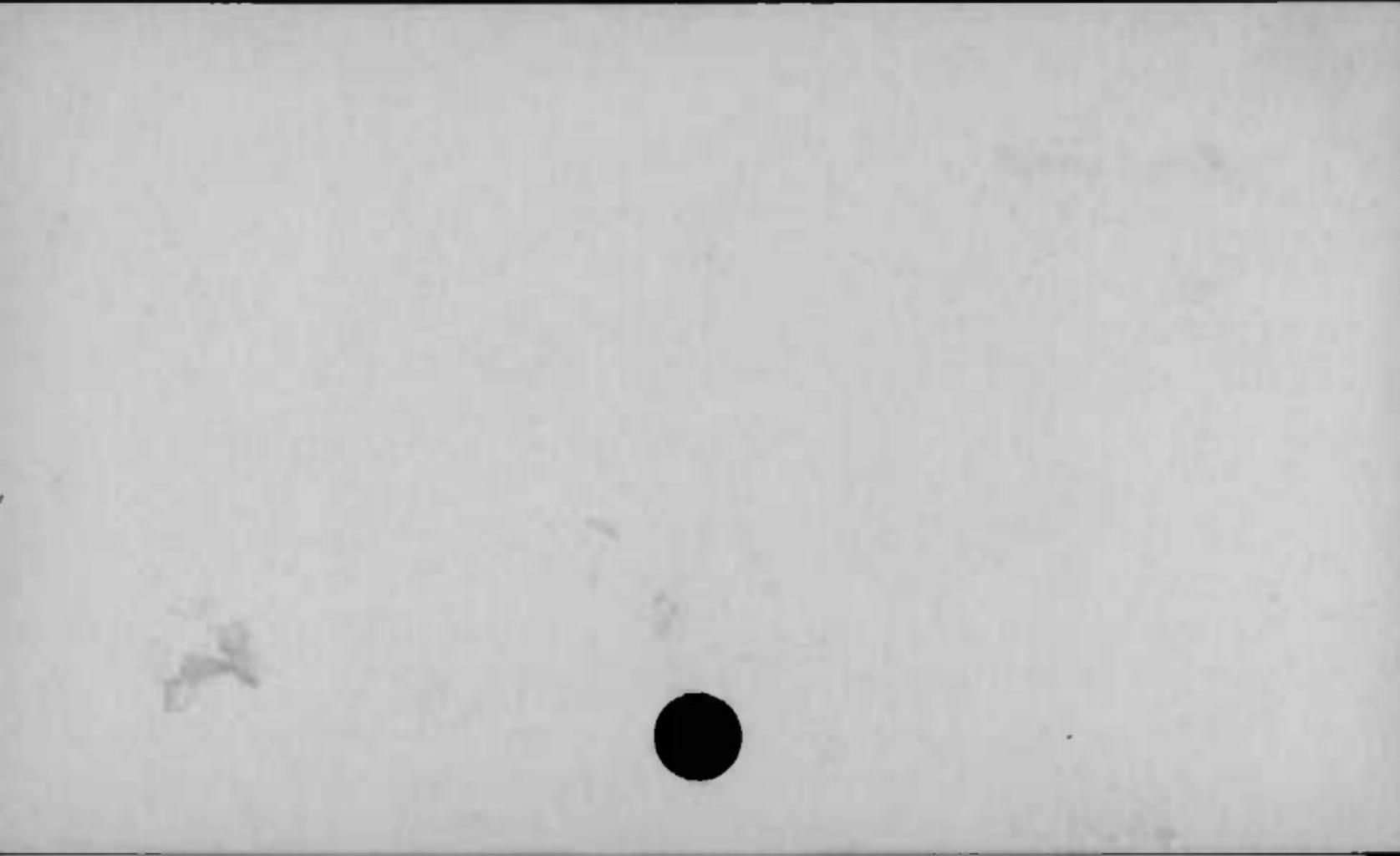
Accident, Suicide, Homicide

Reported by

Address

drownbed dor 60 Geo W Hobreodys

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daniel Archer Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month apr.	Day 13	Years 13	Months 4	Days 9
Sex Male	Color or Race white	Occupation Merchant -	Birth-place Dor Co. Md		
Married, Single or Widowed Single					
Name of Wife or Husband —					
Father's Name W. Roff - Heath	Father's Birthplace Dor Co. Md				
Mother's Maiden Name Florence Amoret	Mother's Birthplace Dor Co. Md				
Name of person giving information Wm. Heath	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phtisis pulmonalis	How long 16 months
Immediate	Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	X	



Martha R. Hurlock.

Died at Cambridge, Md. County Dorchester MARYLAND

Date 1903	Month 4	Day 7	Y. 25	M. -	D. -	Native of Md.	Occupation Housework.
Male	White	Married	Widow	Divorced			
Female	Colored	Sing ^{le}	Widower	Number of children living 4			

Husband of Benj. F. Hurlock.

Wife John Richardson Mother's

Father's Name Maiden Name

Cause of death Primary How long sick

Death Immediate Apoplexy 6^o How long sick
Accident, Suicide, Homicide

Reported by E. E. Wolff M.D.

Address Cambridge, Md. 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(No 20)



Name
in
Full

Jessie A. Josley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years Months Days
Sex	Color or Race	Age	23 5 17
Married, S Widowed	Occupation	Housework	
Name of Husband	Wm. J. Josley		
Father's Name	Tho. H. Wheeler	Father's Birthplace	Madison, Md.
Mother's Maiden Name	Sarah E. Burton	Mother's Birthplace	Madison Md.
Name of person giving information	Thomas H. Wheeler	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN,
OR CORONER

Primary

Pulmonary Tuberculosis

How long

about 8 months

27

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

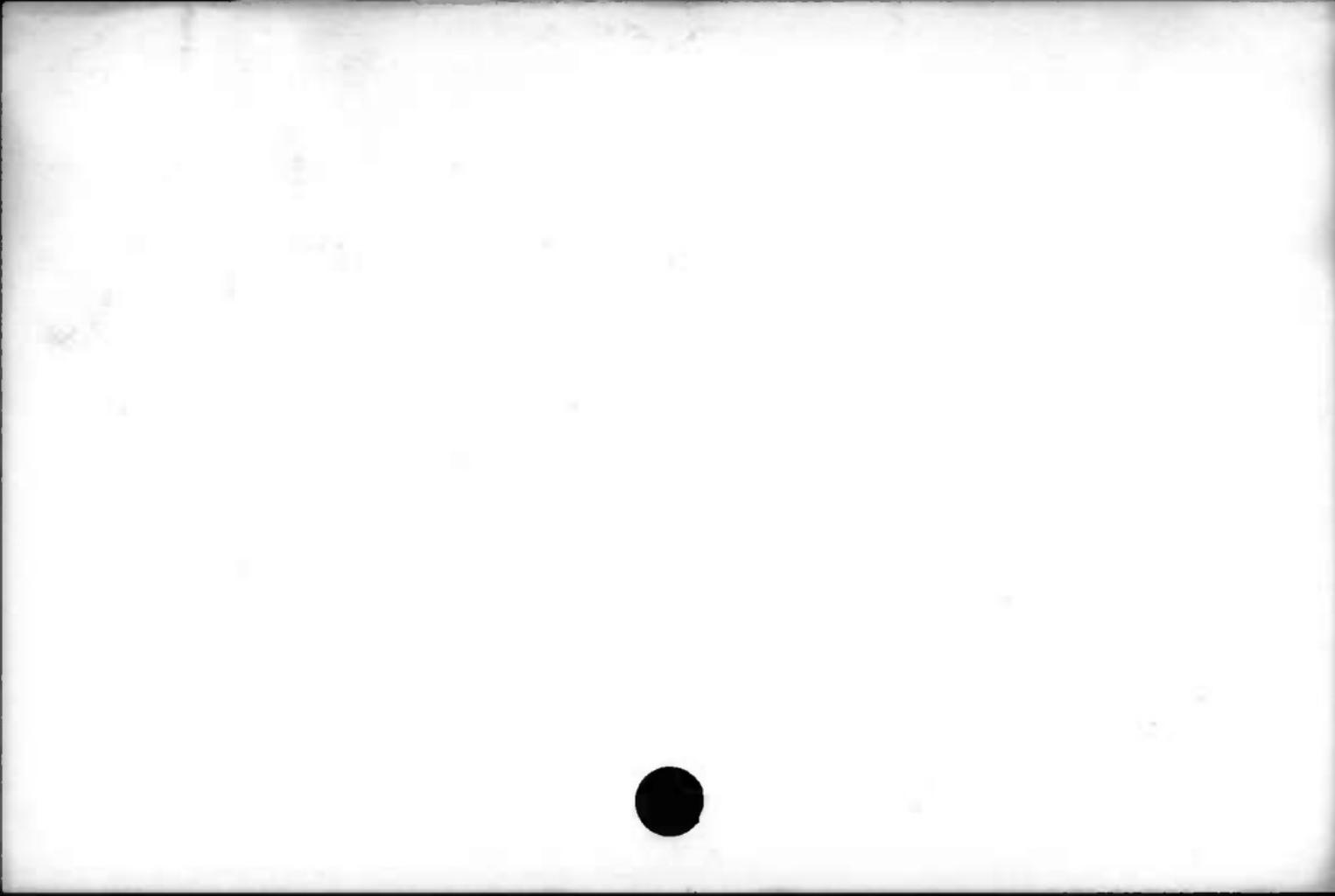
Signature of Physician

Address

B. L. Smith M.D.

Madison, Md.

Accident or Suicide?



Name
in
Full

Edeth Jenkins

CERTIFICATE OF DEATH

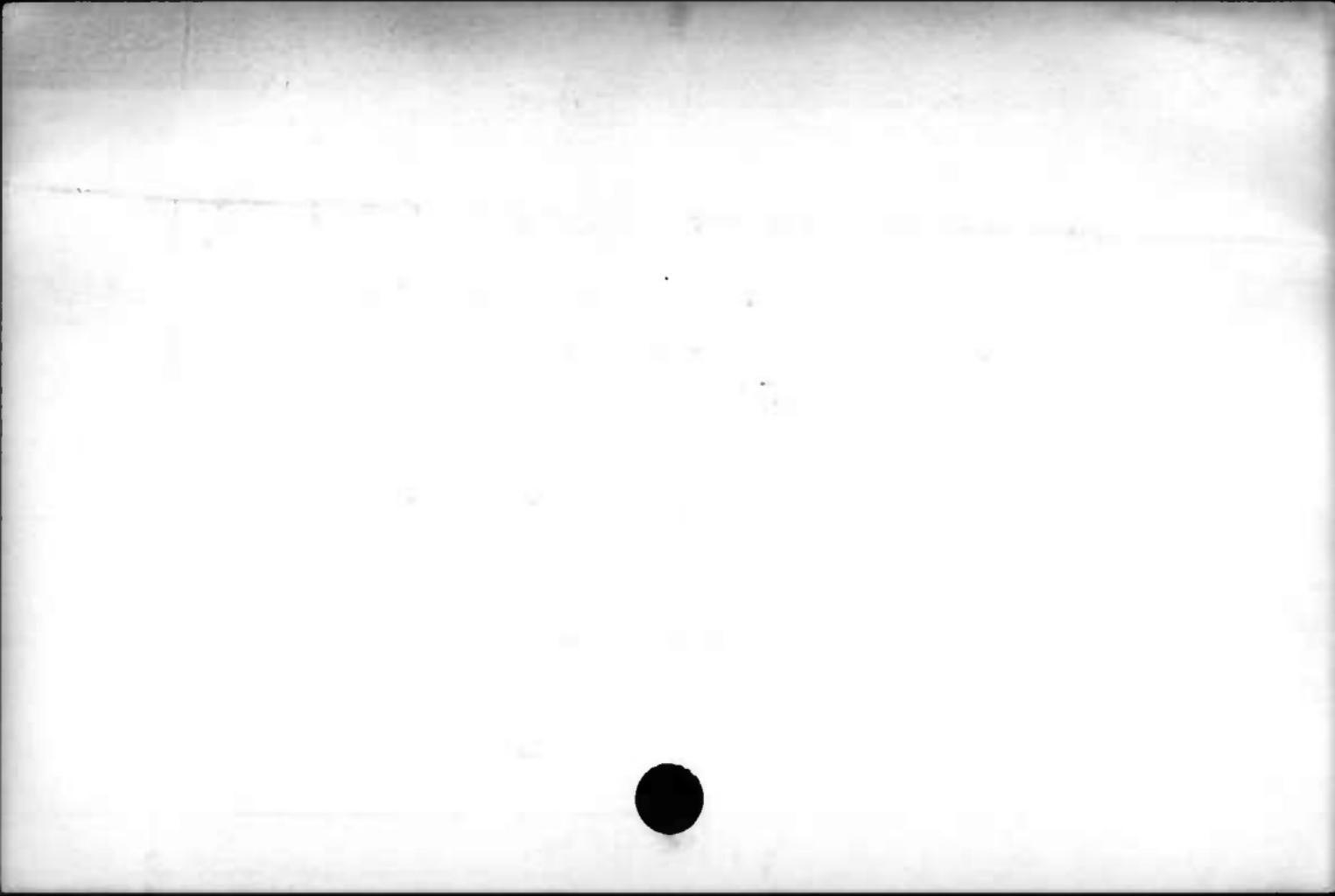
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Dorchester		County		MARYLAND
Date of death 1903	Month Apne	Day 19	Age 22	Years	Months	Days
Sex Female	Color or Race White	Birth-place Dorchester Md.				
Married, Single or Widowed	Married	Occupation Housewife				
Name of Wife or Husband	Horava S Jenkins					
Father's Name	W. M. Cook		Father's Birthplace Dorchester Md.			
Mother's Maiden Name	May E. Homer		Mother's Birthplace Dorchester Md.			
Name of person giving information	Bessie M. Cook		How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rupture of uterus	How long 5 days
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician P. B. Goloskowich
		Address Camldge Md.
Accident or Suicide?		X



Rebecca J. Evans (Evans)

P.D. Died	Town <i>Cambridge</i>	County <i>Baltimore</i>	MARYLAND
Date 1905	Month April	Day 14	Native of <i>MD</i>
Female	White	Age 19 Married	Occupation —
	Colored	Single	Widow
			Divorced
			Number of children living

Husband of

Wife

Father's Name

*Phr. H. Evans*Mother's
Maiden Name

Cause of Death

Primary

Consumption

How long sick

Immediate

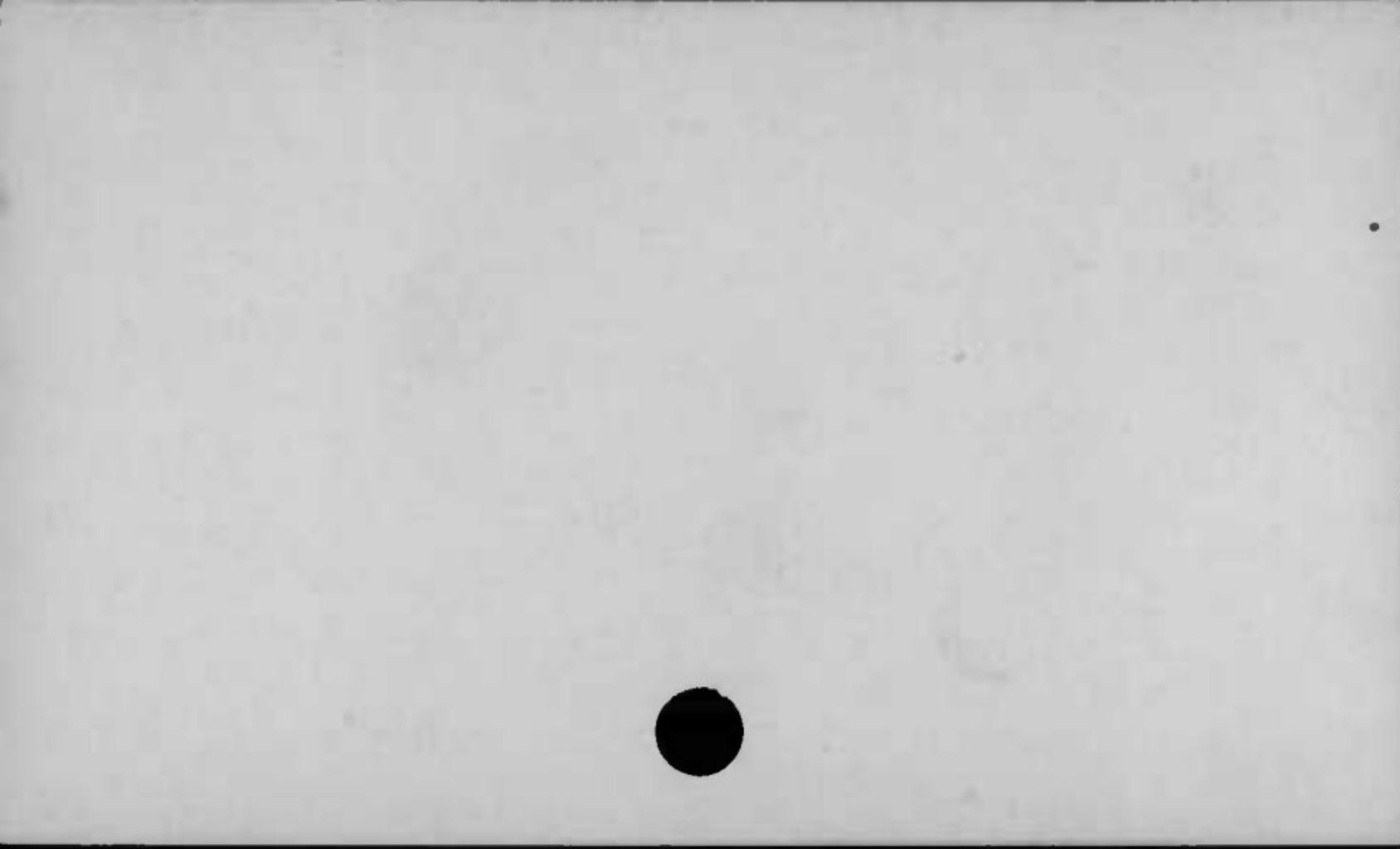
*Aphantum**4 mo.*

Accident, Suicide, Homicide

Reported by

*Dr. John Moore M.D.**Cambridge MD.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Catherine Johnson

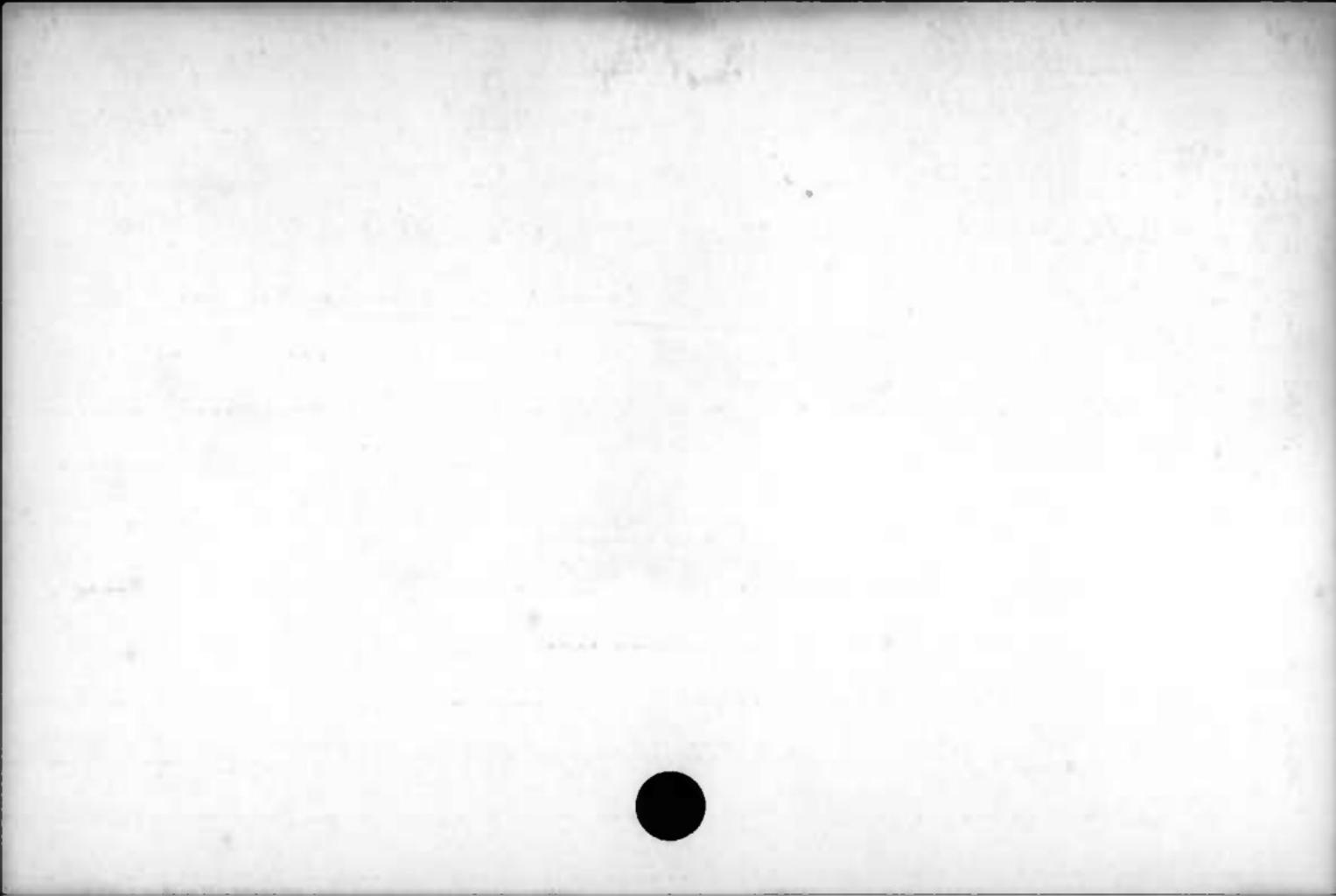
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Baltimore</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	1903	Month <i>Apr</i>	Day <i>7</i>	Years <i>65</i>	Months <i>-</i>
Sex	Female	Color or Race <i>Negro</i>	Birth-place <i>Md</i>		
Married, Single or Widowed	Single	Occupation <i>Housework</i>			
Name of Wife or Husband					
Father's Name	<i>Johnson</i>			Father's Birthplace	
Mother's Maiden Name	<i>Ollie Johnson</i>			Mother's Birthplace	<i>Md</i>
Name of person giving Information	<i>Frank H. Johnson</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Grief</i>	How long <i>3 weeks</i>
	Immediate <i>Organic Heart Disease</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. J. Jones</i>
		Address <i>Baltimore, Md.</i>
Accident or Suicide? <i>No</i>		



Charles Edgar Johnson

near Town County MARYLAND
 Died near Benlak Dorchester

Date 1903 Month Day Y. M. D. Native of Occupation
 April 17th 8 7 Maryland

Male White Married Widow Divorced
 Female Colored Single Widower

Number of children living

Husband of

Wife

Father's Name Charles R. Johnson Mother's Name Alice May Johnson

Cause of Death Primary Pneumonia How long sick 6 days
 Death Immediate Exhaustion 93

Accident, Suicide, Homicide

Reported by

G. A. Haefner M.D.

Address

Hurlock



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Carolina Johnson

Died at Fishing Creek Town Dorchester Co. Count MARYLAND
 Date 19 03 Month April Day 17 Y. M. D. Native of Wid Occupation Housewife
 Age 35 - 6 - 17 Married Widower Never living
 Female Colored Widower Never living

Husband of Geo. R. Johnson

Father of Name Frank Cormish Mother's Maiden Name Louisa Mackins

Cause of Death Primary Syphilis, Gummatus Meningitis How long sick 3 years
 Immediate Senile Paralysis, Convulsions, Exhaustion Age 100

Reported by W.H. Morrison, M.D.

Address Fishing Creek, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Believe Komenda

Died at *Oyster Shell Pt* County *Dorchester* MARYLAND
 Town *Oyster Shell Pt* Month *April* Day *29*

Date 1903 Y. M. D. Native of Occupation
 Month *April* Day *29* Age *4* Native of *Maryland* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

John Komenda

Mother's Maiden Name

Barbara Komenda

Cause of Death

Primary

Chancery

How long sick

Deeth

Immediate

71

1 week

Accident, Suicide, Homicide

Reported by

R. E. Willis & Sons Undertaker

Address

Cambridge

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Enoch Love

Town

Williamsburgh

County

Dor

CERTIFICATE OF DEATH

MARYLAND .

Died at	Town	County			
Date of death 1903	Month April	Day 23	Age 79	Years	Months Days
Sex male	Color or Race white	Occupation farmer	Birth- place md		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Heart Disease

How long

3 months

Immediate

79

How long

Are the name, age, sex, color, date
and place correctly given above?

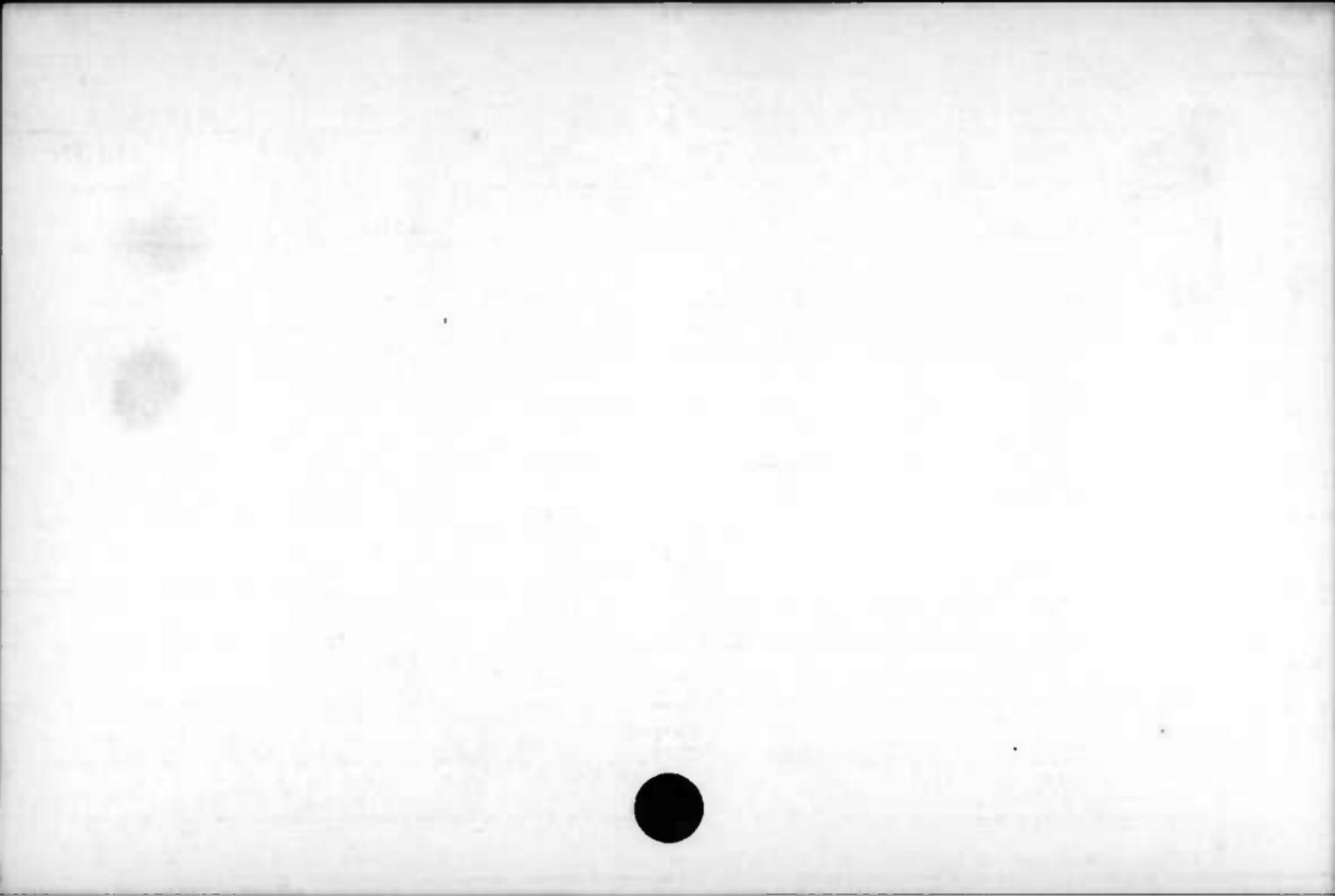
yes

Signature of
Physician

Address

R. Kemp Jefferson
Federalsburgh
md

Accident or Suicide? —



Name
in
Full

Herbert Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Williamsburgh	Dor County		
Date of death 1903	Month apr	Day 16	Years - 95
Sex male	Color or Race white	Birth-place md	
Married, Single or Widowed married	Occupation Labour		
Name of Wife or Husband Annie Brown			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident	How long
Immediate	166	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R Kemp Jefferson
Federalsburgh
md

Accident or Suicide?

Accident



Name
in
Full

James Lins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Blood	Birth- place	Richmond Md.
Married, Single or Widowed	Unknown	Occupation	Subscriber		
Name of Wife or Husband	—			Father's Name	Vt
Father's Name	Martin Lins			Father's Birthplace	Vt
Mother's Name Name	Martina Lins			Mother's Birthplace	Vt
Name of person giving Information	Martina Lins			How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular heart disease How long 5 years

Immediate Exhaustion. 79 How long

Are the name, age, sex, color, date
and place correctly given above?

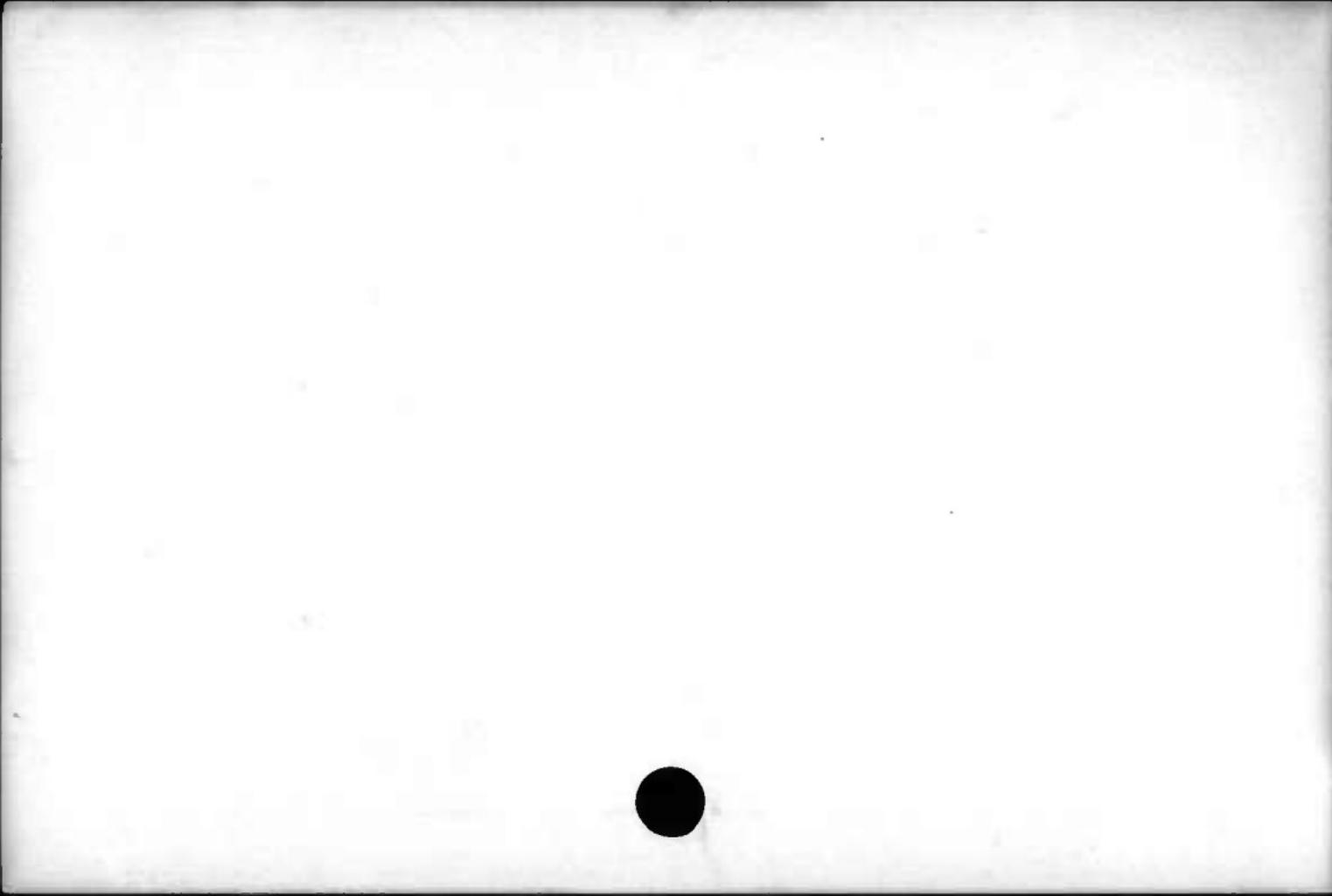
Yes

Signature of
Physician

Address

Guy Stiles
Cambridge Md.

Accident or Suicide?



Joseph Ross Travers
 Died at Hoopersville ^{Town} Worcester ^{County} MARYLAND
 Date 1903 Month April Day 15th Age 3 M. D. Native of
 Female Colored Single Divorced
 Occupation Infant

~~Husband~~
~~Wife~~

Father's Name Sam Banks Travers Mother's Maiden Name Julia Ross

Cause of Death Primary Illness Colitis How long sick 2 weeks

Death Immediate Intoxication Exhaustion Accident, Suicide, Homicide

Reported by W.B. Houston M.D. 105

Address Fishing Creek Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dora Tucker

Died at	Town Cambridge	County Dorchester	MARYLAND	
Date 1903	Month April	Day 12	Y. M. D.	
			Native of Md	
			Occupation Oyster Shucker	
	Male Female	White Colored	Married, Single	Widow Widower
				Divorced
				Number of children living None

Husband of
Wife
Father's Name
Mother's Maiden Name

Joseph Tucker
James Johnson Ann Maria Johnson

Cause of Death
Primary: Scutis Pneumoniae tuberculosis
How long sick
3 months

Death Immediate
Accident, Suicide, Homicide

Reported by Wilbur A. Drake, M.D.
Address Cambridge, Dorchester Co. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant Dylan

Town

Month

Day

County

MARYLAND

Died at

Fishing Creek Dorchester County

Date 1903

April 16

Age

Male

White

Married

Widow

Divorced

Occupation

Female

Single

Widower

Number of children living

Husband

of [redacted]

Wife

Father's

Name

Lori D Dylan

Mother's

Maiden Name

Bessie E. Brinkman

Cause of

Primary

Unknown Died

Death

Immediate

in utero at term

J.

[redacted]

Reported by

W.H. Houston M.D.

Address

Fishing Creek

Dorchester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Minnie Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lloyd's

Town

County

MARYLAND

Date of death 1904 Apr

Month

Day 20

Years

22

Months

Days

Sex Female

Color or Race

White

Birth-place

X

Married, Single or Widowed

Single

Occupation

Housework

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Geo Wilson

How related to deceased

none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

epilepsy 69

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

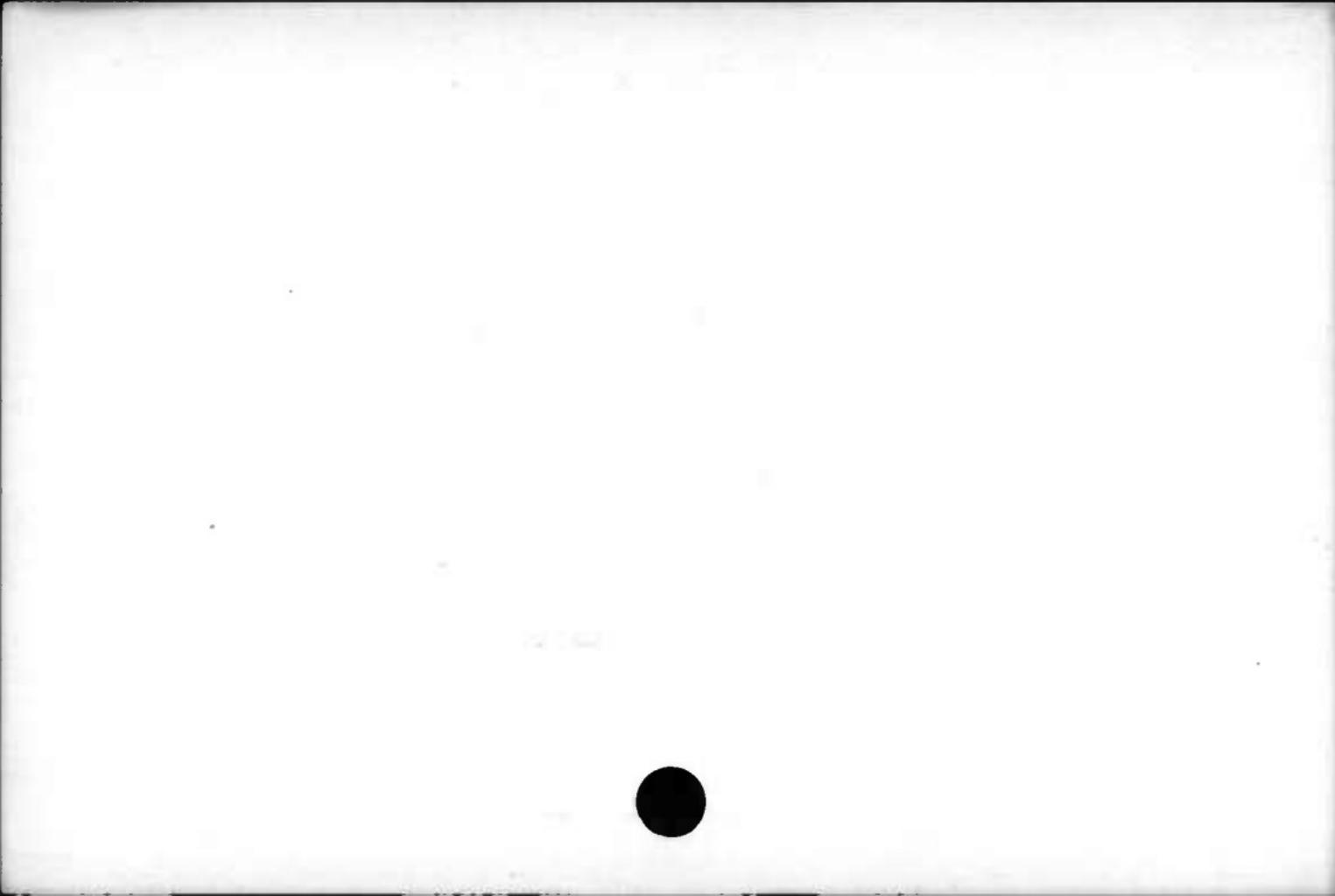
Signature of Physician

S A Stokes

Address

5 Cambridge

Accident or Suicide?



Name
in
Full

King Henry Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lloyd's	Baltimore			
Date of death 1903	Month Apr	Day 4	Years 0	Months 7	Days 7
Sex Male	Color or Race	negro	Occupation	Birth- place	Cornersville
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Wm Wilson		Father's Birthplace	Cornersville	
Mother's Maiden Name	Hattie Traviss		Mother's Birthplace	"	
Name of person giving Information	Hattie Traviss		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute bronchitis	90	How long	1 week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S A Stokes	
		Address	#5 Cambridge	
Accident or Suicide?			MD	

